

107TH CONGRESS
1ST SESSION

H. R. 3027

To amend title XVIII of the Social Security Act to permit expansion of medical residency training programs in geriatric medicine and to provide for reimbursement of care coordination and assessment services provided under the Medicare Program.

IN THE HOUSE OF REPRESENTATIVES

OCTOBER 4, 2001

Mr. GREEN of Texas introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To amend title XVIII of the Social Security Act to permit expansion of medical residency training programs in geriatric medicine and to provide for reimbursement of care coordination and assessment services provided under the Medicare Program.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Geriatric Care Act of
5 2001”.

1 **SEC. 2. DISREGARD OF CERTAIN GERIATRIC RESIDENTS**
2 **AGAINST GRADUATE MEDICAL EDUCATION**
3 **LIMITATIONS.**

4 (a) DIRECT GME.—Section 1886(h)(4)(F) of the So-
5 cial Security Act (42 U.S.C. 1395ww(h)(4)(F)) is amend-
6 ed by adding at the end the following new clause:

7 “(iii) INCREASE IN LIMITATION FOR
8 GERIATRIC FELLOWSHIPS.—For cost re-
9 porting periods beginning on or after the
10 date that is 6 months after the date of en-
11 actment of the Geriatric Care Act of 2001,
12 in applying the limitations regarding the
13 total number of full-time equivalent resi-
14 dents in the field of allopathic or osteo-
15 pathic medicine under clause (i) for a hos-
16 pital, rural health clinic, or Federally
17 qualified health center, the Secretary shall
18 not take into account a maximum of 3
19 residents enrolled in a fellowship or resi-
20 dency in geriatric medicine or geriatric
21 psychiatry within an approved medical
22 residency training program to the extent
23 that the hospital, rural health clinic, or
24 Federally qualified health center increases
25 the number of such residents above the
26 number of such residents for the hospital’s,

1 rural health clinic’s, or Federally qualified
 2 health center’s most recent cost reporting
 3 period ending before the date that is 6
 4 months after the date of enactment of such
 5 Act.”.

6 (b) INDIRECT GME.—Section 1886(d)(5)(B) of the
 7 Social Security Act (42 U.S.C. 1395ww(d)(5)(B)) is
 8 amended by adding at the end the following new clause:

9 “(ix) Clause (iii) of subsection (h)(4)(F), inso-
 10 far as such clause applies with respect to hospitals,
 11 shall apply to clause (v) in the same manner and for
 12 the same period as such clause (iii) applies to clause
 13 (i) of such subsection.”.

14 **SEC. 3. MEDICARE COVERAGE OF CARE COORDINATION**
 15 **AND ASSESSMENT SERVICES.**

16 (a) PART B COVERAGE OF CARE COORDINATION AND
 17 ASSESSMENT SERVICES.—Section 1861(s)(2) of the So-
 18 cial Security Act (42 U.S.C. 1395x(s)(2)), as amended by
 19 section 105(a) of the Medicare, Medicaid, and SCHIP
 20 Benefits Improvement and Protection Act of 2000 (114
 21 Stat. 2763A–471), as enacted into law by section 1(a)(6)
 22 of Public Law 106–554, is amended—

23 (1) in subparagraph (U), by striking “and” at
 24 the end;

1 (2) in subparagraph (V), by inserting “and”
2 after the semicolon at the end; and

3 (3) by adding at the end the following new sub-
4 paragraph:

5 “(W) care coordination and assessment services
6 (as defined in subsection (ww)).”.

7 (b) CARE COORDINATION AND ASSESSMENT SERV-
8 ICES DEFINED.—Section 1861 of the Social Security Act
9 (42 U.S.C. 1395x), as amended by section 105(b) of the
10 Medicare, Medicaid, and SCHIP Benefits Improvement
11 and Protection Act of 2000 (114 Stat. 2763A–471), as
12 enacted into law by section 1(a)(6) of Public Law 106–
13 554), is amended by adding at the end the following new
14 subsection:

15 “Care Coordination and Assessment Services; Individual
16 with a Serious and Disabling Chronic Condition;
17 Care Coordinator

18 “(ww)(1) The term ‘care coordination and assess-
19 ment services’ means services that are furnished to an in-
20 dividual with a serious and disabling chronic condition (as
21 defined in paragraph (2)) by a care coordinator (as de-
22 fined in paragraph (3)) under a plan of care prescribed
23 by such care coordinator for the purpose of care coordina-
24 tion and assessment, which may include any of the fol-
25 lowing services:

1 “(A) An initial assessment of an individual’s
2 medical condition, functional and cognitive capacity,
3 and environmental and psychological needs and an
4 annual reassessment of such condition, capacity, and
5 needs, unless the care coordinator determines that a
6 more frequent reassessment is necessary based on
7 sentinel health events (as defined by the Secretary)
8 or a change in health status that may require a
9 change in the individual’s plan of care.

10 “(B) The coordination of, and referral for, med-
11 ical and other health services, including—

12 “(i) multidisciplinary care conferences;

13 “(ii) coordination with other providers (in-
14 cluding telephone consultations with physi-
15 cians); and

16 “(iii) the monitoring and management of
17 medications, with special emphasis on the man-
18 agement on behalf of an individual with a seri-
19 ous and disabling chronic condition that uses
20 multiple medications (including coordination
21 with the entity managing benefits for the indi-
22 vidual).

23 “(C) Patient and family caregiver education
24 and counseling services (through office visits or tele-
25 phone consultation), including self-management serv-

1 ices and risk appraisal services to identify behavioral
2 risk factors through self-assessment.

3 “(D) Such other services for which payment
4 would not otherwise be made under this title as the
5 Secretary determines to be appropriate, including ac-
6 tivities to facilitate continuity of care and patient
7 adherence to plans of care.

8 “(2) For purposes of this subsection, the term ‘indi-
9 vidual with a serious and disabling chronic condition’
10 means an individual who a care coordinator annually
11 certifies—

12 “(A) is unable to perform (without substantial
13 assistance from another individual) at least 2 activi-
14 ties of daily living (as described in section
15 7702B(c)(2)(B) of the Internal Revenue Code of
16 1986) for a period of at least 90 days due to a loss
17 of functional capacity;

18 “(B) has a level of disability similar to the level
19 of disability described in subparagraph (A) (as de-
20 termined under regulations promulgated by the Sec-
21 retary);

22 “(C) requires medical management and coordi-
23 nation of care due to a complex medical condition
24 (as defined by the Secretary); or

1 “(D) requires substantial supervision to protect
2 such individual from threats to health and safety
3 due to a severe cognitive impairment (as defined by
4 the Secretary).

5 “(3)(A) For purposes of this subsection, the term
6 ‘care coordinator’ means an individual or entity that—

7 “(i) is—

8 “(I) a physician (as defined in subsection
9 (r)(1)); or

10 “(II) a practitioner described in section
11 1842(b)(18)(C) or an entity that meets such
12 conditions as the Secretary may specify (which
13 may include physicians, physician group prac-
14 tices, or other health care professionals or enti-
15 ties the Secretary may find appropriate) work-
16 ing in collaboration with a physician;

17 “(ii) has entered into a care coordination agree-
18 ment with the Secretary; and

19 “(iii) meets such other criteria as the Secretary
20 may establish (which may include experience in the
21 provision of care coordination or primary care physi-
22 cians’ services).

23 “(B) For purposes of subparagraph (A)(ii), each care
24 coordination agreement shall—

1 “(i) be entered into for a period of 1 year and
2 may be renewed if the Secretary is satisfied that the
3 care coordinator continues to meet the conditions of
4 participation specified in subparagraph (A);

5 “(ii) assure that the care coordinator will sub-
6 mit reports to the Secretary on the functional and
7 medical status of individuals with a chronic and dis-
8 abling condition who receive care coordination serv-
9 ices, expenditures relating to such services, and
10 health outcomes relating to such services, except
11 that the Secretary may not require a care coordi-
12 nator to submit more than 1 such report during a
13 year; and

14 “(iii) contain such other terms and conditions
15 as the Secretary may require.”.

16 (c) PAYMENT AND ELIMINATION OF COINSUR-
17 ANCE.—

18 (1) IN GENERAL.—Section 1833(a)(1) of the
19 Social Security Act (42 U.S.C. 1395l(a)(1)), as
20 amended by section 223(c) of the Medicare, Med-
21 icaid, and SCHIP Benefits Improvement and Pro-
22 tection Act of 2000 (114 Stat. 2763A–489), as en-
23 acted into law by section 1(a)(6) of Public Law 106–
24 554, is amended—

1 (A) by striking “and (U)” and inserting
 2 “(U)”; and

3 (B) by inserting before the semicolon at
 4 the end the following: “, and (V) with respect
 5 to care coordination and assessment services de-
 6 scribed in section 1861(s)(2)(W), the amounts
 7 paid shall be 100 percent of the lesser of the
 8 actual charge for the service or the amount de-
 9 termined under the payment basis determined
 10 under section 1848 by the Secretary for such
 11 service”.

12 (2) PAYMENT UNDER PHYSICIAN FEE SCHED-
 13 ULE.—Section 1848(j)(3) (42 U.S.C. 1395w-
 14 4(j)(3)) is amended by inserting “(2)(W),” after
 15 “(2)(S),”.

16 (3) ELIMINATION OF COINSURANCE IN OUT-
 17 PATIENT HOSPITAL SETTINGS.—The third sentence
 18 of section 1866(a)(2)(A) of the Social Security Act
 19 (42 U.S.C. 1395cc(a)(2)(A)) is amended by insert-
 20 ing after “1861(s)(10)(A)” the following: “, with re-
 21 spect to care coordination and assessment services
 22 (as defined in section 1861(ww)(1)),”.

23 (d) APPLICATION OF LIMITS ON BILLING.—Section
 24 1842(b)(18)(C) of the Social Security Act (42 U.S.C.
 25 1395u(b)(18)(C)), as amended by section 105(d) of the

1 Medicare, Medicaid, and SCHIP Benefits Improvement
2 and Protection Act of 2000 (114 Stat. 2763A–472), as
3 enacted into law by section 1(a)(6) of Public Law 106–
4 554, is amended by adding at the end the following new
5 clause:

6 “(vii) A care coordinator (as defined in section
7 1861(w)(3)) that is not a physician.”.

8 (e) EXCEPTION TO LIMITS ON PHYSICIAN REFER-
9 RALS.—Section 1877(b) of the Social Security Act (42
10 U.S.C. 1395nn(b)) is amended—

11 (1) by redesignating paragraph (4) as para-
12 graph (5); and

13 (2) by inserting after paragraph (3) the fol-
14 lowing new paragraph:

15 “(4) PRIVATE SECTOR PURCHASING AND QUAL-
16 ITY IMPROVEMENT TOOLS FOR ORIGINAL MEDI-
17 CARE.—In the case of a designated health service, if
18 the designated health service is—

19 “(A) a care coordination and assessment
20 service (as defined in section 1861(w)(1)); and

21 “(B) provided by a care coordinator (as
22 defined in paragraph (3) of such section).”.

23 (f) RULEMAKING.—The Secretary of Health and
24 Human Services shall define such terms and establish

1 such procedures as the Secretary determines necessary to
2 implement the provisions of this section.

3 (g) EFFECTIVE DATE.—The amendments made by
4 this section shall apply to care coordination and assess-
5 ment services furnished on or after January 1, 2003.

○